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K9812-15

Byron Medical Confidential - TRADE SECRET

510(k) SUMMARY

This 510(k) summary of safety and effectiveness information is being submitted in accordance with the requirements of SMDA 1990 and 21 CFR § 807.92

The assigned 510(k) number is: \(\frac{198}{1215} \)

Submitted by:

Steve Bollinger

V.P. Research and Development

Byron Medical, Inc.

3280 East Hemisphere Loop

Tucson, AZ 85706

Telephone #: (520) 573-0857 Facsimile #: (520) 746-1757

Date Prepared:

01 April, 1998

Establishment Registration Number: Byron Medical is located at 3280 East Hemisphere

Loop, Tucson, AZ 85706. We are registered with the

Food and Drug Administration as Establishment

Number <u>2025576</u>.

Classification Name:

Suction Lipoplasty System

Class II

21 CFR § 878.5040 (1998)

Aspirator, Apparatus, Suction, Operating

Class II

Room, Wall Vacuum Powered 21 CFR § 880.6740 (1997)

Aspirator, Apparatus, Suction, Ward Use,

Class II

Portable, AC -Powered 21 CFR § 878.4780 (1997)

Common/Usual Name:

Powered Suction Pump

Proprietary Name:

Psi-Tec Liposuction Aspirator

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510(k) SUMMARY (cont.)

Indication for Use:

Aesthetic Body Contouring.

Device Description:

Powered Suction Pump(s)/Aspirator(s) which use an electrically (AC) driven vacuum pump generating a negative pressure for the removal of fat/adipose, soft tissue, and general surgical waste. The Psi-Tec Aspirator 2 also has the capability to capture the waste air "exhaust" (that creates the negative pressure) in an enclosed container. This now, contained and pressurized air, can then be utilized for driving other devices requiring the use of pressurized air.

Substantial Equivalence Claim:

The PSI-TEC Liposuction Aspirator(s) are IDENTICAL to the following legally-marketed devices ("Predicate Devices") in terms of safety, effectiveness, with a change of intended use:

Product:

Psi-Tec Aspirator(s)

Manufacturer:

Byron Medical

3280 East Hemisphere Loop

Tucson, AZ 85706

510(k) Number:

K980392

Substantial Equivalence Date: 05 March 1998

-end of summary-



JUL - 1 1998

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

Mr. Steve Bollinger
•Vice President, Research and Development
Byron Medical
3280 East Hemisphere Loop Suite 100
Tucson, Arizona 85708

Re: K981215

Trade Name: PSI-Tec Liposuction Aspirator

Regulatory Class: II Product Code: MUU Dated: April 1, 1998 Received: April 2, 1998

Dear Mr. Bollinger:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the current Good Manufacturing Practice requirement, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic (QS) inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4595. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsmamain.html".

Sincerely yours,

Celia M. Witten, Ph.D., M.D.

Director

Division of General and Restorative Devices Office of Device Evaluation Center for Devices and

Radiological Health

Enclosure

510(k) Number (if known):	K981215
Device Name: <u>The I</u>	SI-TEC Liposuction Aspirator(s)
Indications for Use:	·
The PSI-TEC Liposuct	ion Aspirator(s) indications for use is for ring.
184 (1946) 13 Kungaran	
(PLEASE DO NOT WRITE BEL	OW THIS LINE – CONTINUE ON ANOTHER PAGE IF NEEDED)
Concurre	nce of CDRH, Office of Device Evaluation (ODE)
	(Division Sign-Off)
· · · · · ·	Division of General Restorative Devices K98/20
Prescription Use	Over-The Counter Use
	(Optional Format 1-2-96)